

A		FDID 08249	State MI	Incident Date MM DD 02 01	Year YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	<b>NFIRS-1 Basic</b>
B		Location Type <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid							
		Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract 5669 - 00 Number/Milepost 5625 Prefix Lincoln Street or Highway State MI Zip Code 48184 Apt./Suite/Room City Wayne Cross Street, Directions or National Grid, as applicable							
C		Incident Type 424 Carbon monoxide incident		E1 Dates and Times			E2 Shifts and Alarms		
D		Aid Given or Received		Check boxes if dates are the same as Alarm Date. Alarm Month 02 Day 01 Year 2019 Hour 18:48:00 Arrival Month 02 Day 01 Year 2019 Hour 18:56:00 Controlled CONTROLLED optional, except for wildland fires Last Unit Cleared LAST UNIT CLEARED, required except for wildland fires Month 02 Day 02 Year 2019 Hour 03:01:00			Midnight to 0000 Local Option C 1 Shift or Platoon Alarms District		
		1 X Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N None		FDID - Dept 08251 - Westland FD			E3 Special Studies Local Option Special Study ID# Special Study Value		
F		Actions Taken		G1 Resources			G2 Estimated Dollar Losses and Values		
		22 Rescue, remove from harm Primary Action Taken (1) 40 Hazardous condition, other Additional Action Taken (2) 84 Refer to proper authority Additional Action Taken (3)		X Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus Personnel Suppression 3 8 EMS 1 2 Other 0 0 Check box if resources counts include aid received resources.			LOSSES Required for all fires if known. None Property \$ 0 X Contents \$ 0 X PRE-INCIDENT VALUE: optional Property \$ Contents \$		
Completed Modules		H1 Casualties		H3 Hazardous Materials Release			I Mixed Use Property		
Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 X EMS-6 X HazMat-7 WildLand Fire-8 X Apparatus-9 X Personnel-10 Arson-11		Death Injury Fire Service 0 0 Civilian H2 Detector 1 Detector alerted occupants 2 Detector did not alert occupants U X Unknown		X None 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None			00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 63 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use		

J Property Use					
<b>Structures</b>		341	Clinic, clinic-type infirmary	539	Household goods, sales, repairs
131	Church, mosque, synagogue, temple, chapel	342	Doctor, dentist or oral surgeon office	571	Service station, gas station
161	Restaurant or cafeteria	361	Jail, prison (not juvenile)	579	Motor vehicle or boat sales, services, repair
162	Bar or nightclub	419	1 or 2 family dwelling	599	Business office
213	Elementary school, including kindergarten	429	<input checked="" type="checkbox"/> Multifamily dwelling	615	Electric-generating plant
215	High school/junior high school/middle school	439	Boarding/rooming house, residential hotels	620	Laboratory or science laboratory
241	Adult education center, college classroom	449	Hotel/motel, commercial	700	Manufacturing, processing
311	24-hour care Nursing homes, 4 or more persons	450	Residential board and care	810	Livestock, poultry storage
331	Hospital - medical or psychiatric	464	Barracks, dormitory	882	Parking garage, general vehicle
		519	Food and beverage sales, grocery store	891	Warehouse
<b>Outside</b>		938	Vacant lot	981	Construction site
124	Playground	938	Graded and cared-for plots of land	984	Industrial plant yard - area
655	Crops or orchard	945	Lake, river, stream		
669	Forest, timberland, woodland	951	Railroad right-of-way		
807	Outside material storage area	960	Street, other		
919	Dump, sanitary landfill	961	Highway or divided highway		
931	Open land or field	962	Residential street, road or residential driveway		

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code: **429**

Property Use Description: **Multifamily dwelling**

**K1 Person/Entity Involved**

Local Option: ☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): \_\_\_\_\_ Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mr., Ms., Mrs. First Name: **Anthony** MI: \_\_\_\_\_ Last Name: **Fleming** Suffix: \_\_\_\_\_

Number: **5625** Prefix: \_\_\_\_\_ Street or Highway: **Lincoln** Street Type: \_\_\_\_\_ Suffix: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ Apt/Suite/Room: \_\_\_\_\_ City: **Wayne**

State: **MI** Zip Code: **48184**

**K2 Owner**

Local Option: ☐ Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable): \_\_\_\_\_ Area Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mr., Ms., Mrs. First Name: **Anthony** MI: \_\_\_\_\_ Last Name: **Fleming** Suffix: \_\_\_\_\_

Number: **5625** Prefix: \_\_\_\_\_ Street or Highway: **Lincoln** Street Type: \_\_\_\_\_ Suffix: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ Apt/Suite/Room: \_\_\_\_\_ City: **Wayne**

State: **MI** Zip Code: **48184**

**M Authorization**

Officer in charge ID: <b>36</b>	Signature: <b>Andrew Stager</b>	Position or rank: <b>Capt</b>	Assignment: _____	Month: <b>02</b>	Day: <b>02</b>	Year: <b>2019</b>
Member Making report ID: <b>56</b>	Signature: <b>Jason Reeves</b>	Position or rank: <b>Lieutenant/Paramedic</b>	Assignment: _____	Month: <b>02</b>	Day: <b>02</b>	Year: <b>2019</b>

**L** Remarks  
Local Option

Station 5 was dispatched to the above location, PD on scene with a possible CO incident [REDACTED]. Upon arrival E5 and R5 met Wayne PD at the Bravo side door wall which was in the open position. PD advised FD of [REDACTED] in the bedroom on the 2nd floor. FD took initial CO readings on the RKI 2012 (4) gas monitor and found over 100 PPM within the first 12" into the structure and no audible alarms sounding from the residence. Crews made entry for rapid extrication of patient. Female victim was [REDACTED]. Initial air monitoring of upstairs bedroom showed levels over the capability of the RKI monitor (in excess of 500 PPM).

R5 crew performed primary search of 1st floor and basement locating a male victim in the basement [REDACTED].

Initial air monitoring of basement showed levels of 134 PPM. Male victim [REDACTED]. Patient was treated and then transported to Beaumont Wayne Hospital. See EMS report for more detail.

Structure was secured by Wayne PD and Wayne FD. Air monitoring was conducted of the entire unit revealing high CO readings throughout, some areas in excess of the capabilities of the air monitor. Thermostat turned off, doors and windows were opened and the structure was ventilated using passive horizontal ventilation. Once CO readings were at safe levels entry was made again to obtain an EKG on female victim. Beaumont Wayne Hospital was contacted for Time of death. See EMS report for more detail. (Reference Wayne PD incident #19-1420)

FD checked the adjoining unit (5629 Lincoln) for presence of CO. Positive readings were found in the 50ppm range, no CO detector was present in the home. The thermostat was turned off and the home was ventilated until no further CO readings were noted.

It was then determined the other 2 units in that building also needed to be checked for CO. 5637 Lincoln, 2 units south of incident location, checked, FD found no CO readings. 3rd unit south of incident location, 5645 Lincoln, residents were not home, maintenance unlocked the door for FD access. Initial CO readings were as follows: 1st floor were 30 ppm, 2nd floor CO readings were 54 ppm and basement CO levels were 168 ppm (with basement door closed at the top of the stairs). No CO detector was noted. Thermostat turned down, power was turned off to boiler along with natural gas. Pilot on hot water heater turned to off position and circuit breaker for boiler was turned off as well. Residence was ventilated until CO readings were zero, residence secured and left in care of maintenance.

With high CO readings in 3 out of 4 units in that particular building, FD was concerned of a complex wide CO issue. Speaking with maintenance staff, they could not advise if every unit was equipped with a CO detector. Further discussion with maintenance revealed the complex was having issues with the tops of chimneys icing up due to the extremely cold temperatures. Investigation of various roof tops showed signs of icing on various chimneys.

Due to positive CO readings and lack of CO detectors in the units of the initial building the decision was made to inspect each unit in the complex for CO to assure no further life safety hazard existed. A command post was established at the leasing office, all off duty personnel were called in as well as additional resources requested from Consumers Energy, Westland FD, Wayne PD, Inkster PD and Garden City PD. Teams of 2 personnel (1 FD and 1 PD) were assembled and given air monitors to conduct a door to door sweep of every unit in the complex. Each team was assigned buildings in the complex and advised to report back to command of any CO readings and the location. Consumers Energy arrived on scene at 2338 hours (work order #1047517334).

Air sampling was conducted for the presence of CO in every unit in the complex. Any residence with positive readings, thermostats were turned off and the residents were evacuated. A temporary shelter for displaced residents was established in the leasing office. Any unit in which there was no answer, entry was made with the assistance of maintenance.

Once all 267 units within the complex were inspected, all units with a positive reading for CO were documented and a full list was provided to management. A debriefing was then held with FD command, complex management, PD and consumers. A plan was then formulated on how to mitigate the situation and get residents back in their homes.

Management brought in chimney contractors to clear ice from around the chimney preventing ice obstructions that were identified as a possible contributing factor to CO levels. Consumer's energy remained on scene to work with management, maintenance and the contractors to restore heat to units and assure no further CO dangers existed.

Once it was determined there was no longer a life safety hazard and the mitigation plan was implemented, incident was terminated, turning the scene over to management and Consumers.

Please see additional narrative for a list of units with positive CO readings.

AJS

<b>A</b>	08249	MI	MM 02	DD 01	YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	<b>NFIRS-6 EMS</b>
FDID	State	Incident Date	Station	Incident Number	Exposure				

<b>B</b> Number of Patients <input type="text" value="2"/> <small>Use a separate form for each patient</small>	Patient Number <input type="text" value="1"/>	<b>C</b> Date/Time <input checked="" type="checkbox"/> Time Arrived at Patient <small>Check if same date as Alarm date</small>	Month/Day/Year <input type="text" value="02/01/2019"/>	Hour/Minute <input type="text" value="1859"/>	Time of Patient Transfer <input type="text"/>																																													
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<b>E2</b> Gender 1 Male    2 <input checked="" type="checkbox"/> Female	<b>F2</b> Ethnicity 0 <input checked="" type="checkbox"/> Non Hispanic or Latino 1 Hispanic or Latino		

<b>H1</b> Body Site of Injury <small>List up to five body sites</small> <table style="width:100%;"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>H2</b> Injury Type <small>List one injury site for each body site listed under H1</small> <table style="width:100%;"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>H3</b> Cause of Illness/Injury <input type="text" value="00"/> <small>Cause of illness/injury</small> <input type="text"/> Cause, other
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<b>K</b> Cardiac Arrest <small>Check all applicable boxes</small> If pre-arrival arrest, was it: 1 Witnessed 2 Bystander CPR 2 Post arrival arrest Initial Arrest Rhythm 0 <input type="text"/> 1 V-Fib/V-Tach U Undetermined																											

<b>L1</b> Initial Level of Provider 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No training	<b>L2</b> Highest Level of Care Provided on Scene 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No care provided	<b>M</b> Patient Status 1 Improved 2 Remained same <input type="text"/> Check it: 1 Pulse on transfer <input type="text"/>	<b>N</b> EMS Disposition 0 Other 1 FD transport to emergency care facility (ECF) 2 Non-FD transport 3 Non-FD transport with FD attendant 4 Non-emergency transfer N <input checked="" type="checkbox"/> Not transported under EMS
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<b>A</b>	08249	MI	MM 02	DD 01	YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	<b>NFIRS-6 EMS</b>
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<b>B</b> Number of Patients <input checked="" type="checkbox"/> 2 <small>Use a separate form for each patient</small>	Patient Number <input checked="" type="checkbox"/> 2	<b>C</b> Date/Time	Time Arrived at Patient 02/01/2019 1856	Month/Day/Year	Hour/Minute						
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<b>E1</b> Age or Date of Birth <input checked="" type="checkbox"/> 64 <small>Age</small> OR <input checked="" type="checkbox"/> 12/02/1954 <small>Month/Day/Year</small>	<b>F1</b> Race 0 Other, includes multiracial 1 White 2 <input checked="" type="checkbox"/> Black or African American 3 American Indian or Alaska native 4 Asian 5 Native Hawaiian or other Pacific Islander U Undetermined	<b>G1</b> Human Factors Contributing to Injury <small>Check all applicable boxes</small> 1 Asleep, no known impairment 2 Unconscious 3 Possibly impaired by alcohol 4 Possibly impaired by other drug or chemical 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained 8 Unattended or unsupervised person N <input checked="" type="checkbox"/> None	<b>G2</b> Other Factors <small>If an illness, not an injury skip to G2 and go to H3</small> 1 <input checked="" type="checkbox"/> Accidental 2 Self-inflicted 3 Inflicted, not self-inflicted N None
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<b>H1</b> Body Site of Injury <small>List up to five body sites</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>H2</b> Injury Type <small>List one injury site for each body site listed under H1</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>H3</b> Cause of Illness/Injury <small>Cause of illness/injury</small> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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<b>I</b> Procedure Used <table style="width:100%; font-size: small;"> <tr><td>00 Procedures used, other</td><td>13 Extrication</td></tr> <tr><td>01 Airway insertion</td><td>14 Intubation (EGTA)</td></tr> <tr><td>02 Anti-shock trousers</td><td>15 Intubation (ET)</td></tr> <tr><td>03 Assisted ventilation</td><td>16 <input checked="" type="checkbox"/> IO/IV therapy</td></tr> <tr><td>04 Bleeding control</td><td>17 Medications therapy</td></tr> <tr><td>05 Burn care</td><td>18 <input checked="" type="checkbox"/> Oxygen therapy</td></tr> <tr><td>06 Cardiac pacing</td><td>19 Obstetrical care/delivery</td></tr> <tr><td>07 Cardioversion (defib), manual</td><td>20 Prearrival instructions</td></tr> <tr><td>08 Chest/abdominal thrust</td><td>21 Restrained patient</td></tr> <tr><td>09 CPR</td><td>22 Spinal immobilization</td></tr> <tr><td>10 Cricothyroidotomy</td><td>23 Splinted extremities</td></tr> <tr><td>11 Defibrillation by AED</td><td>24 Suction/aspirate</td></tr> <tr><td>12 <input checked="" type="checkbox"/> EKG monitoring</td><td>NN No treatment</td></tr> </table>	00 Procedures used, other	13 Extrication	01 Airway insertion	14 Intubation (EGTA)	02 Anti-shock trousers	15 Intubation (ET)	03 Assisted ventilation	16 <input checked="" type="checkbox"/> IO/IV therapy	04 Bleeding control	17 Medications therapy	05 Burn care	18 <input checked="" type="checkbox"/> Oxygen therapy	06 Cardiac pacing	19 Obstetrical care/delivery	07 Cardioversion (defib), manual	20 Prearrival instructions	08 Chest/abdominal thrust	21 Restrained patient	09 CPR	22 Spinal immobilization	10 Cricothyroidotomy	23 Splinted extremities	11 Defibrillation by AED	24 Suction/aspirate	12 <input checked="" type="checkbox"/> EKG monitoring	NN No treatment	<b>J</b> Safety Equipment <small>Used or deployed by patient. Check all applicable boxes.</small> 0 Safety equipment, other 1 Safety, seat belts 2 Child safety seat 3 Airbag 4 Helmet 5 Protective clothing 6 Flotation device N <input checked="" type="checkbox"/> None U Undetermined	<b>K</b> Cardiac Arrest <small>Check all applicable boxes</small> 1 Pre-arrival arrest <small>If pre-arrival arrest, was it:</small> 1 Witnessed 2 Bystander CPR 2 Post arrival arrest Initial Arrest Rhythm 0 Initial arrest rhythm, other 1 V-Fib/V-Tach U Undetermined
00 Procedures used, other	13 Extrication																											
01 Airway insertion	14 Intubation (EGTA)																											
02 Anti-shock trousers	15 Intubation (ET)																											
03 Assisted ventilation	16 <input checked="" type="checkbox"/> IO/IV therapy																											
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11 Defibrillation by AED	24 Suction/aspirate																											
12 <input checked="" type="checkbox"/> EKG monitoring	NN No treatment																											

<b>L1</b> Initial Level of Provider 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No training	<b>L2</b> Highest Level of Care Provided on Scene 0 Other health care provider 1 First responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 <input checked="" type="checkbox"/> EMT-P (Paramedic) N No care provided	<b>M</b> Patient Status 1 Improved 3 Worsened <small>Check it:</small> 2 No pulse on transfer	<b>N</b> EMS Disposition 0 Other 1 <input checked="" type="checkbox"/> FD transport to emergency care facility (ECF) 2 Non-FD transport 3 Non-FD transport with FD attendant 4 Non-emergency transfer N Not transported under EMS
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<b>A</b>	FDID 08249	State MI	Incident Date MM 02 DD 01 YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	Haz No. 1	NFIRS-7 Hazmat
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<b>B</b>	HazMat ID 1016 UN Number	Division 2.2 Non-flammable DOT Hazard Classification	CAS Registration Number 630-08-0	Chemical Name Carbon monoxide
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<b>C1</b> Container Type <input checked="" type="checkbox"/> None Container Type  More hazardous materials? Use additional sheets.	<b>C2</b> Estimated Container Capacity Capacity: by volume or weight  <b>C3</b> Units: Capacity Check one box <table><tr><th colspan="2">VOLUME</th><th colspan="2">WEIGHT</th></tr><tr><td>11</td><td>Ounces (liquid)</td><td>21</td><td>Ounces (weight)</td></tr><tr><td>12</td><td>Gallons</td><td>22</td><td>Pounds</td></tr><tr><td>13</td><td>Barrels (42 gal)</td><td>23</td><td>Grams</td></tr><tr><td>14</td><td>Liters</td><td>24</td><td>Kilograms</td></tr><tr><td>15</td><td>Cubic feet</td><td></td><td></td></tr><tr><td>16</td><td>Cubic meters</td><td></td><td></td></tr></table>	VOLUME		WEIGHT		11	Ounces (liquid)	21	Ounces (weight)	12	Gallons	22	Pounds	13	Barrels (42 gal)	23	Grams	14	Liters	24	Kilograms	15	Cubic feet			16	Cubic meters			<b>D1</b> Estimated Amount Released Amount Released: by volume or weight  <b>D2</b> Units: Released Check one box <table><tr><th colspan="2">VOLUME</th><th colspan="2">WEIGHT</th></tr><tr><td>11</td><td>Ounces (liquid)</td><td>21</td><td>Ounces (weight)</td></tr><tr><td>12</td><td>Gallons</td><td>22</td><td>Pounds</td></tr><tr><td>13</td><td>Barrels (42 gal)</td><td>23</td><td>Grams</td></tr><tr><td>14</td><td>Liters</td><td>24</td><td>Kilograms</td></tr><tr><td>15</td><td>Cubic feet</td><td></td><td></td></tr><tr><td>16</td><td>Cubic meters</td><td></td><td></td></tr></table>	VOLUME		WEIGHT		11	Ounces (liquid)	21	Ounces (weight)	12	Gallons	22	Pounds	13	Barrels (42 gal)	23	Grams	14	Liters	24	Kilograms	15	Cubic feet			16	Cubic meters			<b>E1</b> Physical State When Released 1 Solid 2 Liquid 3 <input checked="" type="checkbox"/> Gas U Undetermined <b>E2</b> Released Into <input checked="" type="checkbox"/> Air Released Into
VOLUME		WEIGHT																																																									
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14	Liters	24	Kilograms																																																								
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16	Cubic meters																																																										

<b>F1</b> Released From Check all applicable boxes <input checked="" type="checkbox"/> Below Grade <input checked="" type="checkbox"/> Inside/on structure Story of Release  <input type="checkbox"/> Outside of structure	<b>F2</b> Population Density 1 Urban center - Densely populated 2 Suburban - Predominantly single-family residential <input checked="" type="checkbox"/> residential 3 Rural - Scattered small communities and farms	<b>G2</b> Area Evacuated <input checked="" type="checkbox"/> None 1 Square feet 2 Blocks 3 Square miles Enter Measurement  <b>G3</b> Estimated Number of People Evacuated  <b>G4</b> Estimated Number of Buildings Evacuated  <input checked="" type="checkbox"/> None	<b>I</b> If fire or explosion is involved with a release, which occurred first? 1 Ignition U Undetermined 2 Release  <b>J</b> Cause of Release 1 Intentional 2 Unintentional release <input checked="" type="checkbox"/> Container or containment failure 4 Act of nature 5 Cause under investigation U Cause undetermined after investigation
		<b>G1</b> Area Affected 1 Square feet 2 Blocks 3 Square miles Enter Measurement	

<b>M</b> Equipment Involved in Release Equipment involved in release Brand Model Serial # Year	<b>N</b> Mobile Property Involved in Release Mobile property involved Mobile property type Mobile property make Model Year License Plate # MI State DOT number/ICC number	<b>O</b> HazMat Disposition 1 Completed by fire service only 2 Completed with fire service present 3 Released to local agency 4 Released to county agency 5 Released to state agency 6 Released to federal agency 7 Released to private agency 8 <input checked="" type="checkbox"/> Released to property owner or manager <b>P</b> HazMat Civilian Casualties Deaths 1 Injuries 1
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<b>A</b>	FDID 08249	State MI	Incident Date MM 02 DD 01 YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	<b>NFIRS-9 Apparatus or Resources</b>
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
		Monthly/Day/Year	Hour/Min						
1.	ID E-5 Type 11	Dispatch	X 02/01/2019 1848		Sent		Other	22	40
		Arrival	X 02/01/2019 1856		X	2	X Suppression	84	
		Clear	02/02/2019 0301				EMS		
2.	ID R-5.1 Type 10	Dispatch	X 02/01/2019 1848		Sent		Other	22	40
		Arrival	X 02/01/2019 1856			2	X Suppression	33	
		Clear	02/02/2019 0301				X EMS		
3.	ID Eng 8 Type 11	Dispatch	X 02/01/2019 2138		Sent		Other	86	40
		Arrival	X 02/01/2019 2147		X	5	X Suppression	84	
		Clear	02/02/2019 0301				EMS		
4.	ID 200A Type 92	Dispatch	X 02/01/2019 2239		Sent		Other	73	
		Arrival	02/02/2019 0018		X	1	X Suppression		
		Clear	02/02/2019 0301				EMS		

<b>A</b>	FDID 08249	State MI	Incident Date MM 02	DD 01	YYYY 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	<b>NFIRS-10 Personnel</b>
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B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
1	ID E-5 Type 11	Dispatch X	Month/Day/Year 02/01/2019 Hour/Min 1848		Sent X	2	Other X Suppression EMS	22 84	40
		Arrival X	Month/Day/Year 02/01/2019 Hour/Min 1856						
		Clear	Month/Day/Year 02/02/2019 Hour/Min 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
56	Reeves, Jason	Lieutenant/Paramedic	22	40	84				
36	Stager, Andrew	Capt	22	40	84			81	

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
2	ID R-5.1 Type 10	Dispatch X	Month/Day/Year 02/01/2019 Hour/Min 1848		Sent	2	Other Suppression X EMS	22 33	40
		Arrival X	Month/Day/Year 02/01/2019 Hour/Min 1856						
		Clear	Month/Day/Year 02/02/2019 Hour/Min 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
48	Marlewitz, Troy	Lieutenant	22	40	33				
60	McKee, Cullen	Firefighter/Paramedic	22	40	33				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
3	ID Eng 8 Type 11	Dispatch X	Month/Day/Year 02/01/2019 Hour/Min 2138		Sent X	5	Other X Suppression EMS	86 84	40
		Arrival X	Month/Day/Year 02/01/2019 Hour/Min 2147						
		Clear	Month/Day/Year 02/02/2019 Hour/Min 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
46	Caccia, Robert	Lieutenant/Paramedic	86	40	84				
38	Thomas, William	Captain	86	40	84				
33	Wylie, David	Captain/Paramedic	86	40	84				
80	Brehmer, Tavis	FF / Paramedic	86	40	84				
81	Pietrasinski, Kevin	Firefighter/EMT-B	86	40	84				

B Apparatus or Resource		Dates and Times		Midnight is 0000	Sent	Number of People	Apparatus Use	Actions Taken	
		Check if the same date as Alarm date on the Basic Module (Block E1)					Check ONE box for each apparatus to indicate its main use at the incident.	List up to 4 actions for each apparatus and each personnel.	
4	ID 200A Type 92	Dispatch X	Month/Day/Year 02/01/2019 Hour/Min 2239		Sent X	1	Other X Suppression EMS	73	
		Arrival	Month/Day/Year 02/02/2019 Hour/Min 0018						
		Clear	Month/Day/Year 02/02/2019 Hour/Min 0301						
Personnel ID	Name	Rank Or Grade	Action Taken	Action Taken	Action Taken	Action Taken			
57	Schneider, Jeremie	Deputy Chief	73						



<b>A</b>	FDID 08249	State MI	Incident Date MM DD YYYY 02 01 2019	Station 1	Incident Number 19-0318 MUTUAL AID FROM WESTLAND	Exposure 0	<b>NFIRS-1S Supplemental</b>
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<b>K1</b>	<b>Person/Entity Involved</b> Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Gwendolyn Fleming 5625 Lincoln Wayne MI 48184

<b>K1</b>	<b>Person/Entity Involved</b> Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 248 354 xt16 Kim Patterson 25480 Telegraph Southfield MI 48033

<b>K1</b>	<b>Person/Entity Involved</b> Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Huntington Management 734 729 7262 Carrie Ward 5757 Hickory Hollow Wayne MI 48184

<b>K2</b>	<b>Owner</b> Local Option Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.	Same as person involved? Then check this box and skip the rest of this block. Business Name (if Applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City State Zip Code
		Gwendolyn Fleming 5625 Lincoln Wayne MI 48184

<b>A</b>	FDID	State	Incident Date	Station	Incident Number	Exposure	<b>NFIRS-1S Supplemental</b>
	08249	MI	MM 02 DD 01 YYYY 2019	1	19-0318 MUTUAL AID FROM WESTLAND	0	

<b>E3 Supplemental Special Studies</b>							
Local Option							
1	Special Study ID#	Special Study Value	2	Special Study ID#	Special Study Value	3	Special Study ID#
4	Special Study ID#	Special Study Value	5	Special Study ID#	Special Study Value	6	Special Study ID#
7	Special Study ID#	Special Study Value	8	Special Study ID#	Special Study Value	9	Special Study ID#

<b>L Additional Remarks</b>	
Local Option	
5519 E Hickory Hollow - 13 ppm 5720 W Hickory Hollow - 21 ppm 5623 E Hickory Hollow - 5 ppm 5714 W Hickory hollow 5787 Wilson - 20 ppm 5781 Wilson - 5 ppm 32296 Hamilton - Dryer issue 5790 Amy - 150 ppm 5633 Hoover - 9 ppm 32120 Van Born - 20 ppm 5786 Amy - 500 ppm 5675 Hoover - 20 ppm 5770 Maxine - 25 ppm 5790 Maxine - 6 ppm 5778 Amy - 113 ppm 32128 Hamilton - 50 ppm 5774 Amy - 78 ppm 5615 Hoover - 9 ppm 5621 Hoover - 4 ppm 32092 Hamilton - 18 ppm 32087 E Hickory Hollow - 10 ppm 5701 Hoover - 40 ppm 5695 Hoover - 5 ppm 5778 Maxine - 20 ppm 5783 Maxine - 7 ppm 32140 Van Born - 14 ppm	